

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000066154

1. Entity Name  
THE JERRY AND JOHN CORPORATION



Principal Place of Business  
809/823 N FEDERAL HWY  
FT LAUDERDALE, FL 33304

Mailing Address  
809/823 N FEDERAL HWY  
FT LAUDERDALE, FL 33304



04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0626151

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HITCHCOCK, JOHN  
809/823 N FEDERAL HWY  
FT LAUDERDALE, FL 33304

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HITCHCOCK, JOHN  
809/823 N FEDERAL HWY  
FT LAUDERDALE, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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UD0000327816  
04/25/05-80051-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an officer or director empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #